

lymphadenectomy were negatively correlated with DFS, while LVSI, mitotic count, higher degree of nuclear atypia, FIGO stage II-IV disease, and suboptimal surgery significantly decreased OS.

Conclusion* LVSI and higher degree of nuclear atypia appear to be prognostic indicators for uLMS. Lymphadenectomy seems to have a significant effect on DFS but not on OS.

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BODY MASS INDEX AS RISK FACTOR FOR LYMPHOEDEMA ONE YEAR AFTER SURGERY FOR ENDOMETRIAL CANCER. A PROSPECTIVE LONGITUDINAL MULTICENTRE STUDY

¹M Wedin*, ²K Stalberg, ³J Marcickiewicz, ¹E Ahlner, ⁴U Ottander, ⁵Å Åkesson, ¹G Lindahl, ¹N Borendal Wodlin, ¹P Kjölhede. ¹Linköping university, Department of biomedical and clinical sciences, Linköping, Sweden; ²Uppsala University, Department of Women's and Children's Health, Uppsala, Sweden; ³Varberg Hospital, Department of Obstetrics and Gynaecology, varberg, Sweden; ⁴Umeå University, Department of Clinical Sciences, Umeå, Sweden; ⁵Sahlgrenska Academy at the University of Gothenburg, Institute of clinical sciences, Gothenburg, Sweden

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Introduction/Background* Risk factors for lymphoedema of the lower limbs (LLL) after treatment of endometrial cancer (EC) is disputed. Body mass index (BMI) is strongly associated with LLL. The aim of this study was to determine the impact of BMI on risk factors for LLL, assessed as crude volume increase $\geq 10\%$ or as BMI-standardised volume increase (BMI-SV) $\geq 10\%$, one year after surgery for early-stage EC.

Methodology An observational prospective multicentre study was conducted in 14 Swedish hospitals enrolling 234 women with EC; 116 underwent surgery including pelvic and para-aortic lymphadenectomy (LA) and 119 had surgery without LA. LLL was assessed at baseline preoperatively and one year postoperatively by systematic circumferential measurements of the legs, enabling estimation of leg volume. Leg volume was determined as the de facto volume, i.e. crude volume and as the leg volume to a standardised BMI, i.e. BMI-SV.

Risk factors were analysed using multiple logistic forward stepwise regression models.

Result(s)* Lower BMI and medication with diuretics were independent risk factors for LLL determined by crude leg volume $\geq 10\%$ (aOR 0.88, 95%CI 0.80-0.97 and aOR 2.67, 95%CI 1.04-6.89, respectively) whereas LA was not a risk factor. The BMI and change in BMI from baseline to one year outweighed the effect of LA as a risk factor. Neither number of lymph nodes removed, location, nor extent of LA were independent risk factors for LLL determined by crude volume increase $\geq 10\%$.

By using BMI-SV volume increase $\geq 10\%$ as LLL independent risk factors were adjuvant radiation therapy (aOR 15.02, 95%CI 2.34-96.57), LA (aOR 14.42, 95%CI 3.49-59.62), diabetes mellitus (aOR 5.44, 95%CI 1.67-17.66), and age (aOR 1.07, 95%CI 1.00-1.15). Simultaneously, the number of lymph nodes removed, location and extent of LA were strongly predictive for development of LLL.

Conclusion* BMI was a strong risk factor for LLL that outweighed the effect of obvious risk factors and therefore should be adjusted for when assessing LLL. Adjuvant radiation therapy and LA were strong independent risk factors for LLL together with age and diabetes mellitus. There is a need for a 'gold standard' for determining LLL when addressing risk factors.

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RISK FACTORS IN YOUNG REPRODUCTIVE WOMEN WITH ENDOMETRIAL CANCER: AN OBSERVATIONAL STUDY

¹K Sumanth*, ¹R Bhat, ²V Dakharia. ¹apollo hospital and imperial research and oncology center, gynecologic oncology, bengaluru, India; ²healthcare global enterprises, gynecologic oncology, bengaluru, India

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Introduction/Background* Incidence rates of endometrial cancer are increasing over the time in all ages, corresponding with an increase in the young women. Multiple risk factors have been identified such as unopposed oestrogens, nulliparity, obesity, family history of malignancy, polycystic ovaries, diabetes, hypertension etc. The objective of study was to conduct clinic-pathological analysis and predict the risk factors for development of endometrial cancer in reproductive age group women in Indian population and to identify preventive measures for this group.

Methodology A retrospective review of women with endometrial cancer was performed. Medical records analysed for histopathologically confirmed and treated endometrial carcinoma patients between February 2012 and August 2020. Out of 129, only 10 women were premenopausal and under the age of 45 years at the time of diagnosis. Data were abstracted regarding age, parity, diabetes, hypertension, poly cystic ovaries, body mass index (BMI), tumour histology, grade, stage, and survival. Clinical and pathological characteristic were compared and statistical analyses were performed using SPSS version 22.0.

Result(s)* The mean age at the time of diagnosis was 38.50 years (range 34.50-41.25) and mean BMI (kg/m²) was 30.55 (range 27.23- 38.45). 50% patients were obese (BMI >30) and 40% were overweight (BMI-25-30). Only 5 out of 10 women had nulliparity however, 70% women had history of polycystic ovaries, confirmed with ultrasound or on histopathological specimen. Family history was also found to be strongly associated with endometrial cancer with 70% prevalence rate. The prevalence of diabetes mellitus, hypertension and hypothyroidism were 20%, 10% and 10% respectively. Seven patients (70%) had well differentiated tumours and had stage 1A disease. Only 20% patients had completed 5-years disease free interval, one patient was expired with recurrence and stage 3 disease, while one woman was lost to follow up after surgery.

Conclusion* We conclude that the obesity, family history and polycystic ovaries are strongly associated risk factors for endometrial cancer in women aged 45 years or younger. We could not find any significant association with medical disorders such as diabetes and hypertension. Nulliparity seems to have less strong relationship with development of endometrial cancer. Majority of young patients have early stage disease with well differentiated tumours and favourable histology.

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PROGNOSTIC FACTORS IN CLEAR CELL CARCINOMA OF ENDOMETRIUM: ANALYSIS OF 55 CASES

¹V Loizzi, ¹E Cidnelli, ¹F Arezzo, ¹V Cataldo, ¹M Mongelli, ²F Legge, ³G Cazzato, ³G Serio, ³L Resta, ¹G Cormio*. ¹Obstetrics and Gynecology Unit, University of Bari; ²Gynecologic Oncology Unit, General Regional Hospital 'F. Miulli' of Acquaviva delle Fonti; ³Pathology Section, University of Bari

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